

**Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)**

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 4/30/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: Monique Small (Drew)

Employee's job title: Parking Enforcement Regular work schedule: 1-2 days 1 hour

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: _____
First _____ Middle _____ Last _____

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: Dr. MARGIE HAMZEH

Type of practice / Medical specialty: SPINE & INJURY SPECIALIST

Telephone: (341) 827-7463 Fax: (341) 323-2999

PART A: MEDICAL FACTS

1. Approximate date condition commenced: Dec 6

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

2/14/14, 3/13/14, 3/15/14, 4/7/14, 4/14/14, 3/27/14

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes.

Was medication, other than over-the-counter medication, prescribed? No Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 No Yes. If so, state the nature of such treatments and expected duration of treatment:

Physical Therapy - ROM - DENT IN THE SPECIALIST STABILIZATION

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: No Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

has cervical degenerative changes,
facet arthropathy, requires
cervical epidural injection/s
meds + PT

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
 No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?

No Yes. If so, explain:

NEEDS TO TAKE MEDS, NO NEED INJECTION
UNWILLLING TO WORK

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : _____ times per _____ week(s) _____ month(s)

Duration: 1 hours or 1-2 day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature of Health Care Provider

Date

4104115

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT
If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

The Family and Medical Leave Act: What Faculty and Staff Need To Know

The Family and Medical Leave Act (FMLA) provides employees the opportunity to balance demands of the workplace and their families by providing reasonable paid or unpaid leave for medical reasons.

What events qualify for FMLA leave?

FMLA leave may be requested for:

- *prenatal care, the birth of a child and/or the care of a newborn child;*
- *the placement of a child with an employee for foster care or adoption;*
- *care of the employee's spouse, child, or parent (or "next of kin" if covered service member) with a serious health condition; and*
- *your own serious health condition (including medical appointments for on-going treatment of chronic conditions).*

Who's eligible?

To be eligible for FMLA leave, you must have been employed by VCU or the State for at least 12 months (subsequent to any five-year break in service) and must have worked at least 1,250 hours during the 12-month period immediately before requesting the FMLA leave.

How may FMLA leave be taken?

An eligible employee may take up to 12 workweeks (480 hours) of leave during a calendar year. Only a total of 12 weeks of leave is available even if you experience more than one of the qualifying events per calendar year. The 12 weeks are prorated for eligible employees working less than full time.

Leave may be taken all at once or on an intermittent basis if **medically necessary**. If an intermittent or reduced schedule is needed, you are encouraged to plan your leave with the least disruption as possible to department operations. Intermittent leave for birth, adoption, or foster care is subject to your supervisor's approval.

Exceptions:

- If both spouses work for VCU, they only can take a combined total of 12 weeks for the birth or placement of a child.
- FMLA is extended to 26 workweeks (1040 hours) to care for a family member with a serious health condition when the spouse, child, parent, or "next of kin" is a covered service member and the health condition is incurred in the line of duty on active duty. This leave is only available once and is combined with all other FMLA leaves that year limiting FMLA for all purposes to 26 weeks during a 12-month period.

Is FMLA leave paid or unpaid?

You may choose (or be required by your supervisor) to use accrued leave to provide for continued salary coverage during the time you are away from work on FMLA leave. However, you also may use unpaid leave for FMLA purposes. Specific leave rules are available in the attached "FMLA and the Sick Leave Plans."

How do I notify my supervisor of the need for FMLA leave?

You must explain your absence in enough detail so as to notify the supervisor that the absence is due to a FMLA-qualifying reason; calling in sick is inadequate to obtain FMLA protections. The absence may be designated retroactively once enough information is obtained.

If foreseeable, you must give your supervisor 30 days' notice that FMLA leave is needed. When *planning* medical treatment, you must make a reasonable effort to schedule the leave to accommodate staffing and other business needs in consultation with your supervisor and your health care provider.

Note: Department call-in requirements must be followed whenever you are absent from work.

In all other cases, you should notify your supervisor that the leave being used is for FMLA purposes as soon as possible after becoming aware of the need for leave. Failure to do so will mean a loss of the FMLA's protections for that absence, and the time away from work could be counted as an unexcused absence.

You can use the attached request form to provide notice and request that your leave be designated as FMLA. A supervisor may also designate your leave as FMLA if he/she has enough information to determine your eligibility.

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

FMLA and the Sick Leave Plans

The following VCU leave policies apply to faculty and staff in the two available sick leave plans: Traditional Sick Leave Plan (TSLP) and Virginia Sickness and Disability Program (VSDP). *Exception:* Nine-month faculty do not have access to 33% of their sick balances for FMLA family-related illnesses without prior written approval of the appropriate Vice President and Dean.

Traditional Sick Leave Plan (TSLP)	<p>Personal illness - sick leave is used to cover the absence certified as medically necessary by a health care provider. After all sick leave is used, any additional time off for personal illness may be covered by annual or holiday leave balances or leave without pay.</p> <p>Family* illness - employees may use up to six days (48 hours) of family sick leave to cover a short-term family illness. Additional time off for FMLA-covered family illness may be reported using up to 33% of remaining sick leave balance; or annual/holiday balances; or leave without pay. Annual/holiday balances or leave without pay must cover additional time off for family illness that does not qualify for FMLA.</p> <p>Maternity/paternity - for absences due to pregnancy, sick leave may be used by the woman to cover the period of time she is medically disabled (normally six weeks). Additional time taken may be covered by up to 33% of her remaining sick leave balance; or annual/holiday balances; or leave without pay. Paternity leave is covered by the same rules as shown above under family illness.</p> <p>Adoption/foster care - employees may use up to 33% of their existing sick leave balance. Annual or holiday balances, or leave without pay may cover additional time off. In cases where the child has a medical condition, up to three days (24 hours) of family sick leave may be used before using other balances.</p>
Virginia Sickness and Disability Plan (VSDP)	<p>Personal illness - sick leave is used to cover absences certified as medically necessary by a health care provider. Generally, after all sick leave is used, additional time off for personal illness may be covered by personal and family leave, annual or holiday leave balances, or leave without pay. After seven calendar days of absence, employees may apply for short-term disability (STD).</p> <p>Family* illness - employees may use personal and family leave, annual or holiday balances, or leave without pay to cover an occurrence of family illness. Additional time off for FMLA-covered family illness may be reported using up to 33% of available sick leave balance, annual/holiday balances, or leave without pay. Annual/holiday balances or leave without pay must cover additional time off for family illness that does not qualify for FMLA.</p> <p>Maternity/paternity - for absences due to pregnancy, sick leave, personal and family leave, annual or holiday balances, or leave without pay may be used by the woman to cover the seven day waiting period. After seven calendar days of absence, an employee may apply for short-term disability coverage for the time she is medically disabled (normally, six weeks). Additional time taken after the STD claim has been closed may be covered by up to 33% of her remaining sick leave balance, personal and family leave, annual or holiday balances, or leave without pay. Paternity leave is covered by the same rules as shown above under family illness.</p> <p>Adoption/foster care - employees may use up to 33% of their existing sick leave balance. Personal and family leave, annual or holiday balances, or leave without pay may cover additional time taken.</p>

*Family member under FMLA includes:

- spouse (as defined or recognized by law);
- biological parent or individual who stood in loco parentis to an employee (having day-to-day care and financial responsibility for); does not include parents "in law";
- biological, adopted or foster child, stepchild, legal ward, or child of a person standing in loco parentis, who is either under age 18, or age 18 and over and "incapable of self-care because of mental or physical disability;" and
- "next of kin" defined as the employee's nearest blood relative - only applicable to leave to care for injured service member.

Family member for non-FMLA family sick reasons is defined as:

- spouse (as defined or recognized by law);
- parents, including step-parents;
- children, including step-children and foster children; and
- any relative, by blood or marriage, living in the employee's household.

For assistance, contact Leave Administration at 827-1770 or by e-mail at leave@vcu.edu.

Note: Bone Marrow and Organ Donor leave is not considered FMLA leave and does not count toward an eligible employee's FMLA allotment.

Do I need to provide doctor's notes to my supervisor?

The supervisor will require written certification from a health care provider to verify the need for FMLA. You may provide this information voluntarily and not wait for your supervisor to request the medical certification. If medical certification is not provided when requested or required by department policy, your leave may be denied or, in cases where sick leave has been used pending receipt of the certification, your time may be amended to reflect the use of annual leave or leave without pay. Medical certification must be provided within 15 calendar days of the supervisor's request and should include the following information:

- *medical facts supporting the need for leave;*
- *probable duration of the condition;*
- *an estimate of the number of treatments;*
- *a general description of the treatment;*
- *whether intermittent leave will be necessary;*
- *any work limitations; and*
- *a description of the need for leave to care for a family member.*

Your supervisor also may require:

- *periodic reports about your status and intent to return to work; and*
- *a "fitness for return- to-work" report from your physician.*

What happens to my health insurance while I am on FMLA leave?

You will continue to pay your portion of health insurance while on FMLA. If on unpaid leave, you must make arrangements to pay premiums directly to the Payroll Office by the 25th of each month for the following month's premium.

Reminder: You may change your health insurance plan or membership level during the annual open enrollment period (normally held each spring) or when you experience qualified "life events" such as the birth or adoption of a child. To ensure coverage, you must make your benefit changes **within 31 days of the occurrence** of the qualifying "life event." "Life events" that may occur when using FMLA include:

- *birth or adoption of a child;*
- *transition from short-term disability to long-term disability under the Virginia Sickness and Disability Program (VSDP); and*
- *return from an unpaid leave of absence (effective July 1, 2001).*

Contact VCU Human Resources at 827-1770 or by e-mail at benefits@vcu.edu for more information on the payment process or qualified "life events."

What if I don't pay my health care premiums or if I'm late with a payment?

Your health care coverage will be maintained while on leave as long as you continue to pay your portion of the premium. If you fail to make a payment or if the payment is more than 30 days overdue, your health coverage may be discontinued while you are on leave. If your coverage lapses, your health care benefits can be restored only when you return to work.

What happens when I return to work?

At the conclusion of FMLA leave, you should be returned to the same job or one with equivalent pay, benefits, and working conditions. If you are unable to perform essential job functions upon your return or if the work schedule needs to be reduced, your supervisor will work with you and your physician to attempt to find appropriate accommodations.

For assistance, contact:

Employee Relations at 828-1510 or by e-mail at emprel@vcu.edu

Leave Administration at 828-1712 or leave@vcu.edu